

URBAN DISTRICT OF WEST BRIDGFORDANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTHFor the Year 1950

To:
The Chairman and Members of the
West Bridgford Urban District Council.

Ladies and Gentlemen,

I beg to present my Annual Report for the Year 1950 along with the Report of the Chief Sanitary Inspector.

Controversy rages as keenly as ever over the revolutionary changes introduced by the National Health Service Act. We are not concerned here with the general medical service but with the service provided by local authorities. Even with this our interest is out of proportion to our participation for in this county there is no delegation or divisional administration. It will be a pity if the interest of county district authorities in the duties of the local health authorities ever flags. At the moment the stimulus must be self-generated but we look forward to the day when it will be realised that local knowledge and interest must be used for the benefit of the local people.

I had something to say last year about the anxiety felt with regard to the tuberculosis service and the outlook from the preventive aspect. Since then much has been said and written and it is obvious that apathy is not to be the cause of any deterioration. We hope there will be a steady improvement, on the contrary, and at the time of writing a desperate effort is being made to produce hope-giving statistics. Time will tell, but we cannot afford to spend too much of that in watching an experiment that so many people consider ill-conceived. It is the divided control, with the emphasis on the clinical aspect, which worries the preventive mind. It must be admitted that a retreat from the present position would be premature. The Central Health Services Council in their report for 1950 appeal for real co-operation between the hospital boards (which now administer the sanatoria and the dispensaries, or chest clinics) and the public health departments (which are responsible for environmental conditions and prevention). It has always been difficult to get the keen clinician to be an equally keen social worker. Tuberculosis officers have been exceptional in this respect but now they are out of administrative touch with the public health department there must be a temptation to restrict their interest to the clinical work and, while recognising the importance of preventive work, leave this side to the local health authority, without contributing that knowledge of the cases which only they can acquire by their work at the chest centre and in the patients' homes.

I have brought up to date the table I compiled last year setting out the position as regards notifications, number on the register, etc., and comments on the position are appended to that table in the body of the report. The phenomenon of increased incidence (i.e. ascertainment) along with decreasing mortality is now well recognised throughout the country.

Another topical subject is the care of old people. It will be seen that during the year no fresh cases of compulsory removal from home occurred. This is a duty no one likes. At the time of writing there has just been published a Supplement to the Housing Manual - Housing for Special Purposes, in which the needs of old people are given prominence. The report stresses the opportunity presented by the 1949 Act to local authorities (i.e. housing authorities) to build and maintain hostels, thus linking to some extent the spheres of the local housing authority and the welfare authority. This is a step in the right direction. The manual

repeatedly urges co-operation between these two authorities and, while hospitals cannot be built in association, if these are available close at hand we are as near as possible, physically, to the ideal of the complete unit. There remains, of course, the drawback of separate control of hostels and hospitals.

In spite of favourable figures presented to show how the shortage of nurses is being overcome no appreciable improvement has taken place in hospital facilities for the less acute cases and the infirm. The medical officer of health is sometimes asked to help but he has no standing. Admission must be sought by the private practitioner and the question of urgency determined by the hospital authorities in the light of the doctor's report.

When we boastfully quote figures to show how much longer we live now than of old and how we have conquered this disease and that it is a sobering thought that more and more medical treatment is called for, more people require admission to hospital, and good health is such a precarious thing that its presence or absence is one of the commonest topics of casual conversation. Most of our complaints are functional and there is no doubt that their increased incidence is partly due to a greater consciousness of a departure from the normal. Early attention to disorders is to be commended but our campaign for "positive health" must be conducted more by direct physical education than by the dissemination of medical facts which, in some, tends to breed introspection.

The main features of the year's infectious illnesses were the continuance of an increased incidence of poliomyelitis, with its seasonal fluctuations, and the start of an epidemic of measles in October which continued well into the current year. These matters are more fully dealt with in the appropriate section of this report.

The formation of the Clean Food Guild for Nottingham and District hangs fire for some reason or other. Meantime the publicity its projection received, and the general topicality of the subject, are awakening the public conscience. This process had to occur before we could expect much improvement. Glaring lapses are a matter of daily occurrence and the pressure must be kept up.

There was no major public health legislation during 1950.

I am indebted to my colleagues for their help and co-operation and to you, Ladies and Gentlemen, I acknowledge my appreciation of your unfailing courtesy and interest.

I am,
Yours faithfully,

Wm. B. Watson

Medical Officer of Health

Since this report was written the preliminary census figures have been published. The Registrar-General's estimate of population is remarkably near the census figure, especially if allowance is made for the likely increase of the local population between mid-1950 and April, 1951. The census figure is 24,838. Deducting 135 to allow for the increase in the nine months between mid-1950 and April, 1951 (at the rate of increase of the previous year) the figure would be 24,703, only 103 more than the Registrar-General's estimate. Applying this to the birth and death rates the difference is negligible.

Chairman of the Health Committee - Councillor P.A. Izzett, J.P., C.C.

Public Health Officers

Medical Officer of Health	W.B. Watson, L.R.C.P., L.R.C.S., D.P.H.
Chief Sanitary Inspector	C. Webb, A.R.San.I., M.S.I.A.
Assistant Sanitary Inspector	D.D. Button, A.R.San.I., M.S.I.A.

Engineer and Surveyor	R. Dewsberry, M.I.M.&Cy.E., A.M.T.P.I.
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Statistics

Area of District	3,501 acres
Registrar-General's estimate of resident population, mid-1950	24,600
Number of inhabited houses at 31.12.50	7,873 approximately
Rateable value at 31.12.50	£210,653
Product of penny rate per annum (1950/1951)	£860

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Live Births	318	177	141
Birth Rate (per 1,000 pop).	13 (Eng. and Wales 15.8)		

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Deaths	295	139	156
Crude Death Rate (per 1,000 pop).	12 (Eng. and Wales 11.6)		
Corrected Death Rate	10		
Death Rate of infants under one year of age(per 1,000 live births)	22 (Eng. and Wales 29.8)		

There were no maternal deaths.

The following table presents for comparison some of the Vital Statistics of the District and of England and Wales for the past 13 years.

Year	Popula- tion	<u>Live Births</u>			<u>Deaths</u>			<u>Infant Mortality</u>		
		Total No.	Rate per 1,000 pop.	Eng. & Wales	Total No.	Crude Rate per 1,000 pop.	Corr- ected Rate	Eng & Wales	Rate per 1,000 Live Births	Eng & Wales
1938	21,150	202	9.5	15.1	237	11.2	10.3	11.6	54	53
1939	21,340	196	9.2	15.0	266	12.4	-	12.1	15	50
1940	22,490	228	10.1	14.6	272	12.1	-	14.3	35	55
1941	23,060	218	9.4	14.2	329	14.3	-	12.9	62	59
1942	22,160	277	12.5	15.8	242	10.9	-	11.6	11	49
1943	21,530	298	13.8	16.5	295	13.2	-	12.1	44	49
1944	22,000	376	17.1	17.6	258	11.7	-	11.6	40	46
1945	21,970	319	14.5	16.1	265	12.1	-	11.4	38	46
1946	23,110	347	15	19.1	252	10.9	-	11.5	17	43
1947	23,560	368	15.6	20.5	295	12.5	-	12.0	27	41
1948	24,190	353	14.6	17.9	271	11.2	-	10.8	28	34
1949	24,420	328	13.4	16.7	325	13.3	11.0	11.7	30	32
1950	24,600	318	13.0	15.8	295	12.0	10.0	11.6	22	30

Population We await with interest the publication of the Registrar-General's figures of population based on the recent census. We shall then know if the contention of the anti-census people that our recent estimates by other means are good enough has any claim to validity. If it turns out that the present practice of registering for purposes of identity and rationing gives sufficiently accurate information it may be that the decennial census can no longer be justified, at least for the basic purpose of numbering the people. At any moment, of course, a national census gives a truer picture than the alternatives but its accuracy begins to fade at once and before long the information derived through registration for rationing becomes more accurate than that derived from the census.

Birth Rate Last year I hesitated to use the word "steady" in describing the descent of the birth rate from its post-war peak. This year one can use the word with more assurance. But we in West Bridgford have some distance to fall before we reach our pre-war level, whereas the national level is now only 0.7 above that of 1938. Speculation about the future is of great interest but prophecy would be foolish.

Death Rate Little comment is called for. A fall is always welcome even if it is only a partial recovery from a rise the previous year. It must be emphasised that it is the corrected rate that must be used in a comparison with the national rate. Unfortunately the yearly factors used in calculating the corrected rate were not supplied by the Registrar-General between 1939 and 1949.

Infant Mortality Rate Although this rate is apt to fluctuate greatly when the populations involved are small some credit can be taken for the fact that in eleven out of the thirteen years recorded in the table the local rate was below - and often much below - the national rate and on the two occasions when it was above it was only slightly so.

Maternal Mortality There were no deaths related to pregnancy or the puerperium. The national rate (per 1,000 births, live and still) was 0.86. It is only fifteen years since that rate was 5.1, nearly six times as great. The conviction of the experts that our high maternal mortality was largely preventable has proved correct and a determination to pursue a courageous policy in the face of criticism and resentment has never been better justified and rewarded in the sphere of public health. And just when these intensive efforts were meeting with gratifying success along came the new drugs which have done so much to combat puerperal sepsis.

National Assistance Act, Section 47 No action was taken during the year under this statute, which empowers the local authority to remove helpless persons from their insanitary surroundings so that they may receive proper attention.

Water Supply The supply (from the Nottingham Corporation) has been satisfactory in quantity and quality. No samples are taken by this Council. There are two or three out-lying houses without a piped supply. One of these has a camping ground attached. For thirteen years chlorination of the water from the well has been practised at this establishment and at the time of reporting a water main is being laid past the camp to supply the new housing estate of the Nottingham Corporation. The impending connection will be a relief to all concerned.

Drainage So far as sewerage is concerned there is little to report. Approval of proposals for new disposal works and sewers is still awaited. It is to be hoped that in years to come the avoidance of disaster by local authorities for years after their system has been pronounced obsolete will not be quoted as a reason for throwing doubt on their case and making postponement of approval an established custom. It throws extra work and expense, and a worrying responsibility, on the local authority.

Turning to flooding there are two good things to record. We had

no flooding—in 1950 (nor in the danger period of the present year) 5.
and the works of flood prevention are going ahead in a spectacular
fashion which should appeal to those who have good reason to fear a
recurrence of the flooding.

Housing I am indebted to the Council's Engineer and Surveyor for
the following figures:-

Housing Accommodation
Completed during 1950

No. of Permanent Traditional Houses erected by Local Authority	128
" " " " " " by Private Enterprise	23
No. of Conversions to Flats (no. of family units)	17

The demand for houses in West Bridgford will always be greater
than the supply. The aim in the meantime must be to accommodate
those who have good claims. The Council continue to give every
consideration to claims on medical grounds - after these claims have
been assessed, for it is often possible, and tempting, to introduce
a medical reason as make-weight.

It is impossible to express in a few words what one thinks about
the housing question to-day. It must suffice to say once again that
adequate housing is at the root of public health and should be
pursued by every possible means, and that it is very disturbing to
see this national asset deteriorating so fast for want of proper
maintenance. Sometimes one wonders if, in spite of the difficulty
of providing new houses, we appreciate the value of those we already
have.

Food Although the Clean Food Guild has not yet been established
there is no doubt that there is a greater awareness of the risk
of food poisoning. But ceaseless propaganda is necessary. Food
poisoning takes its place with preventable diseases like diphtheria:
the more we prevent it the less the public have it in mind and the
less inclined they are to take precautions.

The Ice Cream Regulations are now fully operative. This
commodity grows more and more popular and if compulsory pasteurisation
and rapid cooling had not been introduced public health officials
would have been constantly fearing trouble. If the conditions laid
down in the regulations are strictly kept ice cream, instead of being
one of the most dangerous foods for carrying infection, should be one
of the safest, for if infection is withheld from it, or eliminated by
pasteurisation, its subsequent low temperature operates to prevent
any multiplication of the germs that may remain or be introduced after
pasteurisation. The danger period is that taken up in cooling and
if this could be still further shortened - as possibly it will - the
risk would be even less.

The fundamental points for the food handler to remember are:
personal cleanliness; cleanliness of everything that food touches;
remembrance of the foodstuffs that germs like - especially milk,
cream (more particularly the confection known as artificial cream),
cooked meats, meat jellies and gravies; and avoidance of offering
germs the temperature they like, either by slow cooling after cooking,
by the half-heating of such things as jellies or gravies, or by the
re-heating of foods already cooked.

Infectious Disease The following table shows the incidence, etc.,
of the notifiable infectious diseases during the
year.

1950

Disease	Notifications	Isolated in Hospital	Deaths
Scarlet Fever	16	3	-
Whooping Cough	11	-	-
Measles	334	1	-
Pneumonia	1	-	16*
Polio-myelitis	7	7	1
Paratyphoid Fever	1	1	-

370

12

17

The deaths registered as due to pneumonia bear no relationship to those notified. The notification of only one case of pneumonia in a year demonstrates the prevailing failure to notify and the recording at the same time of 16 deaths from the same disease emphasises it still more.

Epidemic disease, while sometimes seasonal in prevalence, does not always have regard to calendar years and therefore there falls to be mentioned an epidemic of measles which continued into the current year, adding over a hundred to the number of notifications recorded for 1950. Notification of measles was introduced only 10 years ago. This epidemic produced the largest number of notifications for the whole country recorded in that period. Whooping Cough also broke the record for the ten years but fortunately West Bridgford was favoured and had only eleven notifications. Notification of measles and whooping cough is by no means complete but probably the two figures in the table represent the comparative prevalence of the two diseases.

In the big cities measles tends to recur at two-yearly intervals but in less congested areas the incidence is less regular. It is worth recording that West Bridgford's previous epidemic (a minor one certainly) occurred less than two years previously.

Scarlet Fever, with its call on hospital beds, was not troublesome.

Poliomyelitis unfortunately recorded its greatest annual total locally - seven cases with one death. The figures for the previous three epidemic years were 1947 - 3 (1 death), 1948 - 2 (no death), 1949 - 3 (2 deaths). The increased incidence of this disease in this country since 1947 has been experienced by some other countries on the continent. Previously Australia and the U.S.A. had had the highest incidence. Everything that can be done to learn more about poliomyelitis, with regard to its epidemiology and its prevention, is being done and every case in this country now has to be reported on in detail to the Medical Research Council. Meantime its strange way of striking here and there without ascertainable connecting links engenders a feeling of helplessness which is apt to create considerable alarm amongst the public.

Diphtheria and Immunisation

Now that the new arrangements for including the general practitioners' figures in the totals of those immunised are working better it is time to alter the table of figures given previously in the annual report, in which only those done by the medical officer of health were shown. The sub-joined table therefore shows both those done at the public clinic and those done by the private doctor and the total percentage in the last column is quite respectable. It shows, however, a falling away from 1949, a matter commented on by the Ministry of Health in a recent Circular. The national reduction in the number primarily immunised in 1950 was 176,000. They suggest two possible reasons: a fading memory of diphtheria as a dread disease, and the fear which arose during the year, after the possibility had been suggested that injections into the arm might pre-dispose towards paralysis of that arm if the child contracted poliomyelitis. This theory is still under investigation. The statisticians support it but the evidence in its favour is far from alarming and no one suggests that injections cause poliomyelitis, merely that an injection into a muscle might have the same effect as fatigue of the muscle and make it more susceptible to paralysis. Perhaps I ought to add that in none of the local cases of poliomyelitis has there been a history of recent immunisation.

There has been no notification of a case of diphtheria in West Bridgford since the end of 1947. The national figures for 1949 are: notifications, 1,897 (corrected after final diagnosis), compared with 46,281 in 1940 (uncorrected); deaths 85, compared with 2,480 in 1940.

Immunisation in West Bridgford, 1947 - 1950

Year	Local Authority			Private			Under 5's as % of previous year's births
	Under 5	5-15	Reinforcing	Under 5	5-15	Reinforcing	
1947	183	25	68	-	-	-	53*
1948	218	14	122	-	-	-	59*
1949	195	15	149	94	2	20	82
1950	137	11	195	93	1	22	70

* Calculated only on local authority's figures.

The increase in the numbers receiving a reinforcing injection is attributable to the invitations now being given to the parents of every child entering school to have this additional injection. 7.

Tuberculosis

Incidence, etc., of Tuberculosis in West Bridgford

1937 to 1950

Year	Total Number added to Register				Inward transfers*				Outward transfers				Deaths				On register at end of Year			
	Pul.	Non.	P.	Tot.	Pul.	Non.	P.	Tot.	Pul.	Non.	P.	Tot.	Pul.	Non.	P.	Tot.	Pul.	Non.	P.	Tot.
1937	11	3		14	-	2		2	10	2		12	6	5		11	55	9		64
1938	18	1		19	3	-		3	1	-		1	7	1		8	64	8		72
1939	18	1		19	4	-		4	7	1		8	7	1		8	66	11		77
1940	34	3		37	9	-		9	7	-		7	16	4		20	81	10		91
1941	18	4		22	2	-		2	4	-		4	7	2		9	77	11		88
1942	19	3		22	-	-		-	6	1		7	7	1		8	77	10		87
1943	24	-		24	3	-		3	7	1		8	11	1		12	81	9		90
1944	15	5		20	-	1		1	5	-		5	4	1		5	82	10		92
1945	20	1		21	3	-		3	8	-		8	6	-		6	88	11		99
1946	20	3		23	3	-		3	5	-		5	4	1		5	92	13		105
1947	23	3		26	3	-		3	5	-		5	10	1		11	99	16		115
1948	26	2		28	1	1		2	3	1		4	6	2		8	116	14		130
1949	18	4		22	3	1		4	6	1		7	5	1		6	120	13		133
1950	35	3		38	12	-		12	5	-		5	2	-		2	147	16		163
				<u>335</u>				<u>51</u>				<u>86</u>				<u>119</u>				

* Included in total of number added to register.

Last year I drew attention to the fact that between 1937 and 1949 the number of cases on the live tuberculosis register had doubled and I compiled a table setting out all the relevant figures so that anyone interested could see what was happening. This year I reproduce the table with another year's figures added, but have resisted the temptation to elaborate it by adding the number recorded as recovered (these can be calculated from the figures in the table, being the difference between the figure obtained by adding the additions since 1937 to those already on the register and deducting the sum of the number now remaining, the outward transfers, and the deaths) and presenting the ratio of deaths to notifications, and the results of other accepted statistical calculations. This is because such figures can only give a true picture in a closed community or, an acceptable one, in a large town. With the comparatively small numbers dealt with here the confusion caused by inward and outward transfers is more felt. For example we do not know the proportion of recoveries or deaths amongst those moving out. It will therefore suffice to make the following remarks:

- (1) The number of additions in 1950 is still high but so was the number of inward transfers. The net figure of 26 is not so bad.
- (2) The deaths were the lowest recorded in the 14 years. This tends to support the now well known fact that more tuberculosis than ever is known in the country but the death rate is decreasing.

The increasing use of radiography is almost certain to be the chief reason for the increase in numbers. The only alternative is an actual increase in the number of persons contracting tuberculosis in a recognisable form. This is an alternative which must certainly be borne in mind for if we are prolonging the lives of the tuberculous we must be increasing the number of potential spreaders. As I remarked last year this throws an added responsibility on both patients and public health officers to prevent the spread of infection.

The position at present is far from satisfactory. Obviously the human form of the disease can only be passed on from one person to another. Our two aims must be (1) to ascertain the existence of the disease earlier still (or to reduce the number found late) before the sufferer has, in his ignorance, infected others, and (2) to educate the known infectious person in how to avoid infecting others, and, by public health methods, assist him in this duty.

Thus the position in West Bridgford and in the country generally is encouraging when we have regard to the falling death rate (deaths from tuberculosis in England and Wales fell by 20% in 1950) but sobering when we turn to the numbers of known active cases. We must remain uncertain until we are able to compare the figures over a greater number of years since the introduction of mass methods of ascertainment. By that time also we ought to have records of the number of new cases occurring in the many people now radiographed at regular intervals.

For the Year 1950

To The Chairman and Members of the
West Bridgford Urban District Council.

Ladies and Gentlemen,

I beg to present my annual report for the year 1950. There were no staff changes during the year, during which the following inspections and re-inspections were made:-

	<u>Inspections</u>	<u>Re-inspections</u>
Notifiable Diseases	13	2
Sanitary Defects	321	595
Housing Defects	178	399
Dirty Houses	1	-
Overcrowded Houses	5	-
Dustbins	163	-
Houses-let-in-lodgings	13	-
Shops	179	-
Factories (with power)	168	-
Factories (without power)	94	-
Bakehouses	55	-
Laundries	3	-
Outworkers premises	97	-
Smoke observations	5	-
Drainage Defects	185	106
Swine, fowls and other animals	25	-
Water supply	51	-
Tents, Vans and Sheds	40	-
Plots of Waste Ground	2	-
Petroleum installations	34	-
Miscellaneous	74	-
Insect Infestations	33	-
Owners, etc, Interviewed	196	-
Food Inspections	44	-
Restaurants	136	-
Meat Shops	66	-
General Food Shops	143	-
Fish Shops	97	-
Fried Fish Shops	55	-
Ice Cream Premises	315	-
Dairies, etc.	86	-
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Totals	2,949	1,337
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Complaints

During the year the following 354 complaints were received and dealt with:-

General defects	140
Dustbins	53
Overcrowding	1
Drainage defects	99
Nuisance from pigs, fowls and keeping of animals	8
Deposits of refuse	6
Insect infestations	27
Offensive odours	10
Smoke nuisance	3
Re Food supplies	6
Dirty house	1
	<hr/>
	354

Notices

The following table gives details of notices served and complied with during the year:-

	<u>Notices Served</u>	<u>Notices Complied with</u>
Public Health Act (Preliminary)	82	82
Housing Act (do)	18	15
Public Health Act (Dustbins)	92	73
Verbal notices	33	33
Public Health Act (Statutory Notices)	23	15
Housing Act (do . do)	7	3
Factory Acts	2	2
	<u>257</u>	<u>223</u>

Rodent Control

The Council are still in receipt of a 50% grant from the Ministry of Agriculture and Fisheries for this work with the exception of that carried out at business premises for which a small charge is made.

During the year 387 complaints of infestations were received and dealt with, the operator making 2,304 visits including 154 surveys of the properties other than those complained of and 782 rat bodies and 500 mice bodies were recovered after treatment. On premises where "gassing" was carried out and "spoon baiting" of runs etc., it was not possible to recover all the bodies so that the total number of rodents destroyed will be in excess of the above figures.

A percentage of the sewers in the district were test baited during the year with negative results.

Milk

At the end of the year the register showed that there are 9 dairies and 27 distributors of milk in the district.

Licences issued under the Milk (Special Designations) Regulations 1949 consisted of 18 dealers licenses and 8 supplementary licenses for the sale of Pasteurised milk, 4 dealers licenses and 4 supplementary licenses for the sale of sterilized milk and 13 dealers licenses and 7 supplementary licenses for the sale of tuberculin tested milk. Supplementary licenses are issued to dealers whose business premises are outside this area and who have been issued with dealers licenses by other local authorities.

The production of milk on farms is now under the control of the Ministry of Agriculture and Fisheries who operate through the County Agricultural Executive Committee. The production of Pasteurised and Sterilised milk is under the control of the County Council.

During the year 100 samples of milk were taken and submitted for analysis comprising 17 Tuberculin tested, 21 Tuberculin tested pasteurised, 41 Pasteurised, 15 Sterilised and 6 raw milks.

Two Tuberculin tested, 1 Tuberculin tested Pasteurised, and 3 Pasteurised samples failed to pass one or other of the tests. The laboratory suggested that the failure of the Pasteurised samples was probably due to the shade temperature at that time being above 65°F, a temperature above which the Methylene Blue Test becomes unreliable.

The results were considerably more satisfactory than those of the previous year due mainly to the fact that more Tuberculin Tested milk is now being pasteurised, particularly at the dairy from where most of the unsatisfactory samples of the previous year were produced.

Housing

It is still difficult to persuade owners to carry out repair work to properties and only urgent work such as repairing leaking roofs, gutters, defective drains etc., is being carried out.

This unfortunate state of affairs is likely to continue unless costs fall considerably or owners are allowed to charge more economic rents.

Three demolition orders, those on 13, 15 and 17 Village Street, Edwalton were quashed by the County Court on application by the Council after the owners had had them reconditioned.

The Closing Order on 33 Main Road, South Wilford was withdrawn. The owner having complied with the Council's requirements.

At the end of the year arrangements had been made by the owners for the demolition of most of the remaining properties upon which there are demolition orders.

The huts on Landmere Lane Camp continue to deteriorate and many are now unfit for habitation and should not be relet.

Legal overcrowding is practically non existant in West Bridgford but overcrowding of bedrooms is fairly high particularly in the older, larger properties, which are let off in rooms and so called flats.

Ice Cream

There are two manufacturers and forty four retailers of ice cream within the district. One manufacturer who sells both by wholesale and retail has premises which comply with the Ice Cream (Heat Treatment) Regulations, the other manufactures by the "cold mix process" for retail sale only. Most of the retailers purchased their ice cream from manufacturers outside the district.

85 samples were taken and submitted to the Public Health Laboratory for testing. The samples were graded as follows:-

Grades

		I	II	III	IV	Total
Local Manufacturers	No %age	23 50%	16 34.78%	7 15.21%	Nil -	46 -
Other Manufacturers	No %age	23 58.97%	8 20.51%	4 10.25%	4 10.25%	39 -
Totals	No %age	46 54.1%	24 28.2%	11 12.9%	4 4.7%	85 -

The Ice Cream Sub-Committee of the Ministry of Health Public Health Laboratory Service recommend that the quality of an ice cream should not be judged on isolated samples but that over a period, at least 50% should fall into Grade I, 80% into Grades I and II, and not more than 20% into Grade III and none into Grade IV.

Food

The food shops in the district are quite satisfactory. It has not been necessary to condemn any meat offered for sale. The meat sold in this district is obtained from the Nottingham abattoir where it is inspected by the City Sanitary Inspectors.

Regular visits are paid to cafes and other food preparing premises and advice and instruction is given where necessary.

The following items of food were voluntarily surrendered by shopkeepers when found to be unfit for food:-

40 lbs Flour

46 tins Tomato Soup

7 lbs Shrimps

2 tins Pork and Beef Loaf

18 lbs Dates

48 tins Pork Luncheon Meat.

I wish to express to the Council my gratitude and thanks for their help and support and also to the Medical Officer of Health, the Health Department staff, and to my colleagues in other departments, my sincere thanks for their co-operation.

I am,

Yours faithfully,

C. Webb

Sanitary Inspector

Below is a copy of a report received from the Chief Inspector, Nottinghamshire County Council, Weights and Measures and Food and Drugs Department.

FOOD AND DRUGS ACT, 1938

Number of Samples

Articles obtained for Examination and Analysis	Obtained	Submitted to Public Analyst	Tested by Inspector	Genuine	Adulterated or Sub-standard
Chocolate Cake Flour Mixture	1	1	-	1	-
Crab Paste	1	1	-	1	-
Dessert Powder	1	1	-	1	-
Garden Mint in Vinegar	1	1	-	1	-
Fish Paste	1	1	-	1	-
Herbs, Mixed	1	1	-	1	-
Honey	1	1	-	1	-
Ice Cream	13	2	11	13	-
Milk	96	-	96	96	-
Milk, Condensed	1	1	-	1	-
Pastry Mix	1	1	-	1	-
Pearl Barley	1	1	-	1	-
Pepper, Pure White	1	1	-	1	-
Vegetable Salad in Mayonnaise	1	1	-	1	-
Walnuts, Pickled	1	1	-	1	-
Totals	122	15	107	122	-

Milk (Special Designations) Regulations, 1949-50
(Pasteurised and Sterilized)

Number of Samples Taken	Result
	Failed to Comply
Pasteurised, Heat Treated etc.	Complied to Comply
	45
	-

(Signed) T.L.E. Gregory
Chief Inspector,
County Hall,
Trent Bridge, Nottingham.

FACTORIES ACTS, 1937 and 1948

(1) Inspections

Premises	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
(a) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.	23	96	-	-
(b) Factories not included in (a) in which Section 7 is enforced by the Local Authority.	74	168	-	-
(c) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	2	1	-	-
<u>TOTAL</u>	99	265	-	-

(2) Cases in which DEFECTS were found

Particulars	Found	Remedied	Referred to by H.M. Inspector	No. of cases in which prosecu- tions were instituted
Want of cleanliness	2	2	-	-
<u>Sanitary conveniences</u>				
(a) insufficient	2	2	-	-
(b) unsuitable or defec- tive	4	3	-	-
(c) not separate for sexes	2	2	-	-
<u>TOTAL</u>	10	9	-	-

(3) Outworkers, Sections 110 and 111

No. of outworkers in August list
required by Section 110 (1) (c)

Wearing apparel, making etc.	46
Lace, lace curtains and nets	22
Carding etc. of buttons etc.	2
<u>TOTAL</u>	70